

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4318).

FEE TRANSMITTAL
For FY 2007

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	(\$)	1,810.00
-------------------------	------	----------

Complete if Known

Application Number	10/767,057-Conf. #5480
--------------------	------------------------

Filing Date	January 30, 2004
-------------	------------------

First Named Inventor	Ichiro ATOBE
----------------------	--------------

Examiner Name	J. L. Lazorcik
---------------	----------------

Art Unit 1731

Attorney Docket No.	0042-0492P
---------------------	------------

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

<input checked="" type="checkbox"/>	Deposit Account	Deposit Account Number:	02-2448	Deposit Account Name:	Birch, Stewart, Kolasch & Birch,
-------------------------------------	-----------------	-------------------------	---------	-----------------------	----------------------------------

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below

☐ Charge fee(s) indicated below, except for the filing fee.

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17

☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

	FILING FEES		SEARCH FEES		EXAMINATION FEES		
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multipic dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
4	20	x	=

[illegible]

H₀ = highest number of total claims paid for, if greater than 20.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
2	- 5 =	x	=

HP = highest number of independent claims paid for, if greater than 5.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____	_____
_____ - 100 = _____	_____ / 50 = _____	_____ (round up to a whole number) x _____	_____	_____

4. OTHER FEE(S) Fees Paid (\$):

Other (e.g., late filing surcharge).	1801 Request for continued examination (RCE) (see 37 ...	790.00
	1253 Extension for response within third month	1,020.00

SUBMITTED BY

Signature	Registration No. (Applicant Agent)	28,380	Telephone	(703) 205-8000
-----------	---------------------------------------	--------	-----------	----------------

Name (Print/Type)	James M. Slattery	Date	August 23, 2007
-------------------	-------------------	------	-----------------